



BROADDUS HOSPITAL

RUN/WALK

SATURDAY, MAY 4th

Registration: 7am • Race: 8am
Barbour County Courthouse

AGE GROUPS

RUNNERS

10 & Under • 11-14 • 15-19 • 20-24 • 25-29 • 30-34
35-39 • 40-44 • 45-49 • 50-54 • 55-59 • 60-69 • 70 & Over

WALKERS

20 & Under • 21-30 • 31-40 • 41-50 • 51-60 • 61-70 • Over 70

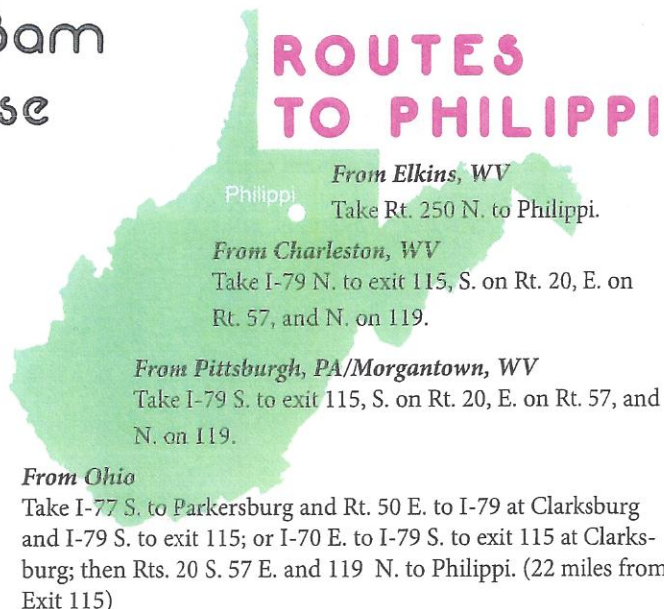
ENTRY FEE

Pre-registration, postmark before April 29: **\$12.00**

Registration received after April 29: **\$15.00**

FREE T-Shirts for the first 75 that register before April 29.

ROUTES TO PHILIPPI



AWARDS FOR RUNNERS WILL GO TO THE TOP 3 MALE AND FEMALE OVERALL AND THE TOP 3 IN EACH AGE GROUP AWARDS FOR WALKERS WILL GO TO THE TOP 2.

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PLEASE CUT & RETURN THIS PORTION BY APRIL 29, 2013 TO BROADDUS HOSPITAL.

NAME: _____ AGE ON RACE DAY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____

Gender (circle one): Male Female Please Circle One: Run Walk Shirt Size (circle one): S M L XL

Signature: _____ Date: _____

(parent signature if entrant is under 18)

Waiver: In submitting this entry, I, intending to be legally bound for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims which I may hereafter accrue against Broaddus Hospital, any event sponsors, event volunteers, event staff, and their officers, directors, agents, successors and/or assigns for any injuries suffered by me at this event while traveling to and from the event or while participating in it. I attest and verify that I am physically fit and sufficiently trained for the competition of this event. I understand that I may be photographed and agree to allowing my photo, video, or film likeness to be used for any legitimate purpose by the aforementioned parties.

Send registration form and check or money order to :
Broaddus Hospital Relay for Life • Attn: Donna Jones or Beth Boyce
1 Healthcare Drive • Philippi, WV 26416
304.457.8520